

CEORGIA'S MATERIAL AND INFAMI MORTALITY FOR IMPROVEMENT



## ABOUT OUR COMPANY

Mission: "To bring subspecialty high risk OB and women's services to patients and clients where needed via telehealth technologies"

**Experience:** 100 + yrs team experience, > 31,000 MFM telemed visits completed

#### **Services:**

Maternal-Fetal consultation (scheduled and urgent)

Teleradiology: ultrasound (store and forward and live scanning capable)

Long distance learning programs for ultrasound and high risk OB care

**<u>Licensure Footprint</u>**: Active in : GA, SC, AL, TN, FL, NC, IL, OH, KY, IN

**<u>Delivery Settings:</u>** Private OB Practice, Government, 2<sup>nd</sup> Tier Hospitals

IT Platforms: Azalea EMR, PACS for digital storage, MFM specific reporting, vendor neutral for telemed

networks/hardware/software/peripherals but must meet high risk OB specs



# OUR SHARED HIGH RISK OB SUCCESS STORY: GA DPH AND WOMEN'S TELEHEALTH

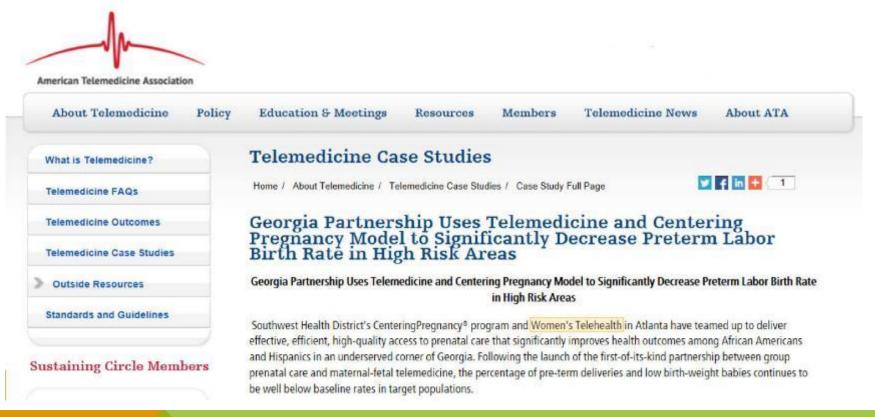


- Tackled GA's worst maternal/infant mortality areas together through an innovative program in Albany and surrounding counties merging:
   Centering Pregnancy Model + DPH District Offices + MFM Telemed
- High Risk OB Education at selected DPH clinic with antepartum checks and if abnormal, MFM Telemed visit for high risk problems while there
- New requirements met to start program: MFM ultrasound capability, telemed link from DPH office to WT, telemed training, find sonographer, PACS system subscription for image transfer, MOU betw/ WT and DPH

SO... HOW DOES IT WORK? LET US SHOW YOU .... ROLL VIDEO

### TELEHEALTH AFFECTING GA POPULATIONS

## State of GA/WT High Risk OB Telehealth Pilot: Results Published Nationally by ATA



## PROGRAM IS STILL GOING!



## WHAT WERE THE ESTIMATED FINANCIAL RESULTS OF THIS PROGRAM?

- Initial costs for program were < \$50K.</li>
- Mo. maintenance est. (U/S lease + telemed connectivity + PACS +staff)
   =\$4K/mo expense = \$54K/yr
- Antepartum visits at health dept. paid by Medicaid, this program + \$4-5K/mo
- Est. NICU savings of this program in 1 yr =\$5.65M in 1 district w program
   pre-term labor reduction \*
- QUESTION: IS THIS MODEL REPLICABLE AND SCALABLE ? (X 17 districts)=
   POTENTIAL SAVINGS OF \$90+ M/yr for GA Medicaid +> outcomes

10/19 Reference from VeryWell Magazine: Aveg NICU costs \$60,273/ length of stay x 97 preg. NOT NICU with preterm labor Reduction statistics



## **OTHER BENEFITS**

#### **EASY TO CONNECT TELEMED**





## IMPROVED MATERNAL AND INFANT OUTCOMES





## **RESOURCES AND GAPS**

- RESOURCES: Telemed connectivity in every DPH district
  - Already existing and long term relationships with WT and County Health Depts and State Telehealth Office
  - Existing success story, no pilot needed
- GAPS: -Need MFM U/S equip, techs, PACS and reporting added
  - -Training req'd for telemed use and MFM care
  - -Potential policy change for OB supervision via remote
- Scalability Plan: 3-4 new sites brought up /qtr to get to all 18

DHP districts having at least 1 Co Health office providing MFM tele-based on Commissioner's

and District Medical Directors input on need/ readiness



### So....

- Questions?
- Thank You for your attention!
- Company Contact:

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